Crisis or Opportunity? The New York City Experience of Managing AIDS

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I am told that there is a Chinese symbol that means both crisis and opportunity. That is to say, what represents crisis for one offers opportunity for another. That reference, in my opinion, graphically illustrates the individual styles in which this nation and the world have addressed the issue of AIDS.

Corrections is a microcosm of the larger environment in which it exists and therefore reflects and to some extent is a mirror image of the community. The people who staff and fill its cell blocks come from the same community who also fear, flee, and avoid dealing with AIDS. Its managers and administrators reside within these same geographic boundaries and are plagued with the same maladies and biases.

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Why then do some assume that the managers of correctional systems will be any more enlightened than the larger community? Must we be different from our counterparts?

The answer to me is appallingly apparent: Yes. We should be held to a higher standard of planning and managing AIDS within our jurisdictions.

The New York City Department of Correction has developed various management strategies in response to the AIDS pandemic. I plan to share with you one specific strategy that may have implications for some of you. I will also provide an update on other AIDS-related Department of Correction initiatives.

In order to put my discussion in a proper context, you need to know some demographic information about New York City and the Department, or DOC, its more common name.

The Department provides custody for persons who are awaiting trial or sentence, inmates sentenced to one year or less, state prisoners with court appearances in New York City, and alleged parole violators being held while revocation proceedings are conducted. We have thirteen facilities and five court detention facilities. In addition to housing, we also provide other services: food, commissary, transportation, medical/mental health, counseling, law library, laundry, daily recreation etc. The Department also operates three secure wards and four semi-secure wards in city hospitals, a mental health ward on Rikers Island, and four jail infirmaries.

Our expense budget for FY89 is almost $600 million, staff total over 11,000, and our current inmate census is approaching 20,000.
A typical inmate profile reveals: Most have no employment history and were unemployed at the time of arrest. Fifty to seventy percent read below the sixth grade level in English, and over half report poly-substance abuse.

The New York City Department of Health estimates that there are over 200,000 intravenous drug users in the city. Of the 85,590 cases reported nationally, 18,918, or 22 percent, occurred within New York City. There have been 10,036 drug-related deaths reported in the city.

To date, 172 inmates have died of AIDS in New York City jails, as reported by Prison Health Services, the unit within the Department of Health with charter responsibility for providing health care to prisoners. Approximately fifty current inmates have been diagnosed with AIDS.

The Department began housing its first AIDS cases in one of our facilities, which was formerly called the Rikers Island Hospital. In 1985, the first inmate was placed there alone in a thirteen single-cell unit. As more inmates were diagnosed, they were housed there as well.

At this point I would like to tell you that as enlightened corrections professionals with vision, we developed a comprehensive plan to address this burgeoning problem. Unfortunately, a crisis developed before we could implement our plan. That crisis manifested itself as an inmate food strike and a front page story on the Metropolitan page of *The New York Times. (New* York City residents read the Metropolitan page before they read the front page).

Now comes the enlightened corrections professional part.

It became clear, albeit painful, that given the projected increase in persons with AIDS (PWAs), we needed a plan that included the health care providers, our training academy, senior staff, correction officers, and inmates.

The first priority was to provide for the needs of the PWAs housed in the hospital. The deputy warden in charge of the hospital, Jannie Poullard, believed that staff were key to stemming inmate complaints, and she began a program to attract officers sensitive to the inmates' plight.

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This idea of the importance of staff became the foundation for creating a special unit for persons with AIDS. The basis of the plan was to identify, develop, and prepare a cadre of staff, both uniformed and civilian, to work together to provide services for PWAs. They would maintain an open environment in order to encourage dialogue among staff, between staff and inmates, and among inmates.

- **Step I - Volunteers Requested**

The most frequent inmate complaint was that some officers assigned to the unit were insensitive, indifferent, and in some instances, hostile towards the inmates. Deputy Warden Poullard requested volunteers from the mental health unit because of her accurate assumption that this group had experience working with special needs inmates.

Because of her unique rapport with staff, she was able to attract and maintain an all-volunteer unit, four of whom are still with the unit after nearly four years. Their names bear mentioning because of their exceptional service. They are Officers Ernesto Blanco, Henry Bolt, Sylvester Brown, and John Donnelly.

- **Step II - Staff Development**

My division, Program Services, in conjunction with the Department's training academy, headed by Dr. Jess Maghan, and the Department of Health, developed a series of training opportunities:

Orientation and education - Through a joint training effort by the DOC training academy and the Department of Health (DOH), staff were provided with factual information about AIDS. The curriculum included information about risk reduction, signs and symptoms, and the patient's bill of rights. The training academy has since assumed primary responsibility for staff training and has developed a model curriculum, which includes lecture, discussion, questions and answers, and informative handouts.

All senior level staff, including commissioners and wardens, participated in similar training. Our commissioner, Richard J. Koehler, is

committed to providing AIDS education to all staff and inmates.

It is important to note that we also provided the inmates with similar facts about the disease through training efforts supported by DOC and DOH staff.

Bereavement training - Staff psychologists from Goldwater Hospital, our long term care facility for PWAs, trained staff in methods of dealing with bereavement. Much of their training focused on modifying interpersonal skills, recognizing the antithetical role of corrections in a hospital setting, exploring the unique needs of inmates with AIDS, and recognizing and handling stress-related symptoms of bereavement.

Incentives - Motivation to participate in the program is central to the incentives offered. Although many were motivated initially by a sense of altruism (this was revealed in my interviews with staff), perks were needed to maintain and reinforce these noble gestures. Among the perks developed were the following:

- **Steady days** - Steady days are highly coveted and generally are given only to those with substantial seniority.
- **Improved working conditions** - The inmates were relocated to a newly-renovated housing area with an open dormitory setting, color television, microwave, refrigerator, and air conditioning. The staff, of course, also benefitted from these improved conditions, much to the chagrin of those who initially declined the assignment. At the inmates' request, this unit is now called the Special Medical Unit instead of AIDS Housing.
- **Recognition ceremonies** - Staff were honored at a luncheon attended by the commissioner, the chief of operations, and elected officials. Their contributions were chronicled at Correction Day and graduation ceremonies. Tickets to plays and sporting events were provided to further acknowledge their contributions.
- **Media coverage** - Staff of the network news, national magazines, and the international press are frequent visitors to this unit. One officer in particular has achieved near- celebrity status and is frequently invited to address civic organizations.
- **Community meetings** - Weekly meetings between the inmates and medical and DOC staff provide an opportunity for dialogue and change. The unit's ability to modify constantly and adjust to changing conditions is facilitated by these group meetings, which are well attended and quite animated.

During my interviews with the medical and DOC staff, it became clear why this unit functions as well as it does. All three groups, medical, DOC, and the inmates, see value in what they are doing and affirm this to each other on a fairly frequent basis. As one officer said to me, "Where else could I work, feel this useful, and receive all this special attention? I make it easier for them to survive and get paid at the same time."

I started out by telling you about the Chinese symbol for crisis and opportunity being the same. Essentially, one's perspective determines whether an issue is viewed as crisis or opportunity. After our initial flirtation with the crisis prompted by the hunger strike, I am pleased to say that the New York City Department of Correction implemented an effective AIDS policy that has been included in the United Nations/World Health Organization's "Statement on the Prevention and Control of AIDS in Prisons."

In November 1987, in Geneva, Switzerland, I presented the Department's AIDS initiatives before thirty-seven representatives from twenty-six countries. The organization's final recommendations included many of our current policies and practices relating to AIDS, including condom distribution and compassionate release. I have accepted an invitation from the World Health Organization to update its members on our current efforts and to assist them in planning for a global program on AIDS scheduled for 1990 in Cuba.

Some additional DOC initiatives relating to AIDS are:

- **North Infirmary Center** — The DOC is constructing a new 212-bed infirmary complex, which will include a new housing area and expanded services for PWAs.
- **AIDS Operations Order** — All staff and inmates will be provided with up-to-date information about AIDS and related issues.
- **AZT** — Through our health care providers, AZT is provided to eligible inmates in all DOC facilities.
- **Compassionate release** — Terminally ill inmates are recommended for early release from incarceration.
- **Condom distribution** — Condoms are available in several major facilities, and a phased program for system-wide distribution is in effect. After receiving appropriate orientation, inmates can request a condom through the health care provider.
- **Correction AIDS Prevention Program** — The Department of Health provides continuous AIDS orientation for all newly-admitted inmates. They are given the latest information on risk reduction and prevention of transmission.
- **Substance abuse initiatives** — The DOC has created a substance abuse intervention division, which offers a wide array of jail-based treatment modalities, including acupuncture. The Department has converted a 384-bed barge to a drug treatment facility. We currently offer methadone maintenance, detoxification, drug free counselling, and two jail- based therapeutic communities.
- **Resource guide for inmates** — An inmate was hired to write a resource guide specifically for inmates with AIDS. This proved to be an invaluable resource for the inmates.
- **Discharge kits** — Every inmate released from custody receives a discharge kit, which includes AIDS hotline telephone numbers, locations of health centers, risk reduction information, and condoms.
- **Treatment and housing options**— Medical staff now have an array of options for PWAs. They range from the current sixty-six beds in the Special Medical Unit to the municipal hospitals and long-term care provided at Goldwater Hospital.

Instead of reacting as to a crisis, we seized the opportunity to plan and prepare for the inevitable increase in the number of persons with AIDS entering our system and the corresponding need to develop staff to handle the problem.

In conclusion, I hope that you will benefit from New York City's experience and begin to develop the approach to managing AIDS that best fits the needs of your facilities and communities. If current AIDS projections are accurate, we have seen only the tip of the iceberg.

If your jurisdiction has escaped the initial influx of persons with AIDS, consider yourself fortunate and start planning now. I encourage you not to delay because neither time nor opportunity may be there for you later.

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